

FILED DEC 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43316

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Shelby County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby 1021			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina		c. LENGTH OF STAY (In this place) 6 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Washburn Nursing Home				d. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) Margaret Fye Pilgrim		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 12-9-1950	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH 1-11-1862	
9. AGE (In years last birthday) 88		10. AGE (In years last birthday) 10		11. AGE (In years last birthday) 28		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Chicago, Ill. /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alexander Fye		13b. MOTHER'S MAIDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Virginia Washburn, Shelbina, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic pneumonia DUE TO (c) Ch. Glomerulo-nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from September 1950, to December 8 1950, that I last saw the deceased alive on December 8, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R.A. Mahalovich D.O. 2				23b. ADDRESS Shelbina Mo		23c. DATE SIGNED 12-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-1950		24c. NAME OF CEMETERY OR CREMATORY Canton Cemty.		24d. LOCATION (City, town, or county) (State) Canton Mo.	
DATE REC'D BY LOCAL REG. Dec 12-50		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins, Shelbina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 18 1950
DISTRICT HEALTH OFFICE #
District File Number 12-50
Date Filed: DEC 19 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3498

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.